Rev. 06/2006

LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

LOBBYISTS (Sec. 67-6619) Page of Page(s)
THIS SPACE FOR OFFICE USE ONLY

07 APR 13 AMII: 22

EGHEDARY OF STATE STATE OF IDAHO

(Type or print clearly in black ink) See instructions at bottom of page

Lobbyise's name and permanent business address		Date p	epared		Period co	vered			
Kelly Cunningham 4696 overland Rd Ste Z				month ending					
4696 overland Rd Ste Z	.17	4	4-13-07		(Mo.)	(Day)	(Yr.)		
Boise ID 83705					3	31	07		
Item Totals of all reportable expenditure	es made or incurred by Lob	byist or by	Lobbyist's Empl	oyer on behalf o	ſ Lobbyi	st's Emplo	yer.		
Category of Expenditure Reimbursed Personal Living and Travel *Total Amo		nounts contributed by each employer (Identify employers, under							
Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported		-			3	Employer	No. 4		
Entertainment	Employer No.	•	simployer No. 2	Employer No	'	Employer	110. 4		
Food and Refreshment \$	\$	\$ _		\$:	\$			
Living Accommodations									
Advertising		-							
Travel		-	,						
Telephone Other Expenses or Services		_ -							
Other Expenses of Services									
Total \$	- s <u>O</u>	s _	0	s_ _		s <u>-e</u>)		
*When the number of employers you are reporting Item The totals of each expenditure of more th							on Page 1.		
2 Date Place		mount		ators, Public and			in Group		
	,								
Continued on attached page(s)		Item				·····			
INSTRUCTIONS	3 Employer(s) Name(s) and Address(es)								
Who should Glodhio forms Annial blood at	No. 1 4696 Overland Rd Ste 214 Boise 1D F3705 No. 2								
Who should file this form: Any lobbyist reg 67-6617 Idaho Code									
Filing deadline: Monthly reports due with month for activities of the past month.									
TO BE FILED WITH:									
Ben Ysursa Secretary of State		No. 3							
PO Box 83720	n								
Boise, 1D 83720-008 Phone: (208) 334-2852 Fax: (20		No. 4							

Item 4	Expe	enditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible onal property to any Legislator, Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official.								
	r	Oute	Amount	Nai	ne of	Legislator, Public or Executive Off	iicial Ro	ectiving or Benefiting		
Item 5 Subject (from	or Flo the L	ouse Bill, obbyist w Bill, Re		ion, the number of the Senate legislative activity in which opposing. Appropriation Bill Number and Section Number	Code 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	Subject Agriculture, horticulture, farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens		IDENTIFICATION Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)		
	bid or		ss, financial service	ision, procurement, contract, es or bond lobbyist was		CERTIFICATION: I hereby certificorrect statement in accordance we Lobbyist signature				